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indicated unless correct maintenance fee notifica	ed below or directed oth	ng the Patent, advance of the service in Block 1, by (	a) specifying a new c	orres	pondence address;	and/or	(b) indicating a sepa	arate "F	EE ADDRESS" for	
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22442 7590 06/13/2007 SHERIDAN ROSS PC 1560 BROADWAY SUITE 1200 DENVER, CO 80202										
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				:					(Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO		TTA		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/646,092	08/22/2003		John S. Patterson JR.		2417-243		2417-243	9738		
TITLE OF INVENTION	: MULTI-POSITIONAE	BLE NOTEBOOK COM								
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	YES	\$700	\$300		\$0		\$1000		09/13/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS							
WUJCIAK, ALFRED J		3632	248-455000							
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
(A) NAME OF ASSIC	less an assignee is identi h in 37 CFR 3.11. Comp GNEE	A TO BE PRINTED ON a ssignee oletion of this form is NO	**	he pa	atent. If an assign			ocumen	has been filed for	
CASE LO	GIC, INC.		Longnon	τ,	Co					
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	<u> </u>	Individual 🗡 Co	orporatio	on or other private gro	oup entit	y Government	
4a. The following fee(s) a  Issue Fee  Publication Fee (N  Advance Order - 4	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number									
5. Change in Entity Star	•	•								
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Authorized Signature	C. W. Mo	iell-			Date	9-1	1-07			
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